

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 301
FILED APR 14 1966

Primary Registration District No. 30035765

Registrar's No. 165

STATE FILE NUMBER

0011755

VS 300
Rev. 4/59

10640

20041

3

40

51

6

70

82

9795.5

10

11

1290-3

13

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

Marion

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

North of Hannibal 8 miles

Inside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (When deceased lived in institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Andrain

c. CITY OR TOWN

Vandalia

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS

513 (If outside, give location)
Rt 2 So. Jefferson

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Marion

Middle

Delano

Last

Butts

4. DATE OF DEATH

Month

Day

Year

April 7, 1965

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2/18/34

9. AGE (last birthday)

31

10. IF UNDER 1 YEAR

Months Days Hours Min.

11. IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Construction worker

10b. KIND OF BUSINESS OR INDUSTRY

Middletown, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Sylvester W. Butts

13b. MOTHER'S MAIDEN NAME

Geneva Fisher

14. NAME OF HUSBAND OR WIFE

Henrietta M. Butts

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, No, or unknown) (If yes, give war or dates of service)

Yes

17. INFORMANT

Address

Henrietta M. Butts, Vandalia, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Undetermined

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. 4 7 65

20d. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Liberty

County

Marion

STATE

Mo

21. I attended the deceased from _____ to _____ and last saw her alive on _____
Death occurred at 2:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Henry Sweet JMD Coroner

22b. ADDRESS

Hannibal Mo

22c. DATE SIGNED

4/9/65

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

4-10-65

23c. NAME OF CEMETERY OR CREMATORY

Vandalia Cemetery

23d. LOCATION (City, town, or county)

Vandalia, Missouri

24. FUNERAL DIRECTOR

ADDRESS

William Blatter, Vandalia, Mo

25. DATE RECD. BY LOCAL REG.

April 9-1965

26. REGISTRAR'S SIGNATURE

Shirley M. Sullivan M. Herman

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

0011122

APR 29 1965

MAY 13 1965

MAY 18 1965

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John W. Bunker
Licensed Embalmer No. 4447
P.O. Address Bryn Mawr Pa

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

Permit issued 4/9/65